

Application for Facility Registration to Requalify Cylinders by Visual Inspection Method Only

_____ New Application _____ Renewal Application
_____ DUNS Number Current RIN # _____

Application made in accordance with requirements of 49 CFR Part 107.805(f)

Company Name: _____

(if you are a company that is doing business as (dba), use the following format, corporate name dba company name)

Facility Manager Name: _____

Facility Address: _____
(where visual inspections will be performed)

Street

City State Zip Code
Facility Telephone: _____ Fax: _____
Email : _____

Is the facility associated with multiple locations: _____ YES _____ NO

Mailing Address: _____ Corporate _____ Other

Company Name: _____

Street

City State Zip Code
Contact Phone #: _____ Email: _____

Check DOT Specification/Exemption Cylinders to be inspected in accordance with 180.209(g):

_____ 3A	_____ 4B	_____ 4BW240	
_____ 3AA	_____ 4BA		_____ Special Permit
_____ 3A480X	_____ 4BW		_____ Special Permit
_____ 3B	_____ 4E	_____ 4B240	_____ Other
			_____ Other

I certify that this facility will operate in compliance with all applicable requirements of the Hazardous Materials Regulations, including the requirements of 49 CFR Part 180.209(g) relating to the requalification of cylinders by the visual inspection method. I further certify that the individuals performing external visual inspections at the facility address referenced above have been trained and have received the appropriate information, as applicable, contained in CGA Pamphlet C-6 (Standards for Visual Inspection of Steel Compressed Cylinders) and C-6.3 (Guidelines for Visual Inspection and Requalification of Low Pressure Aluminum Compressed Cylinders).

Name (print)

Signature

Date